MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763523

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4	1		1			
5	1		1			
6	1		1			
7		2		1		
8	1			1		
9		1		1		
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15		2		1		
16		(1)		1		
17		1		1		
18		1		1		
19	1		1			
20		1		1		
21	1		1			
22	1		1			
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27	1		1			
28		1		1		
29	1		1			
30		7		1		
31						
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45						
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48						
49						
50						
TOTAL IND.			17			
TOTAL DEP.			13			
TOTAL CLAIMS			30			

		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831